

SCHEDULE A

LIBERTY UNIVERSITY, INC. CLINICAL AFFILIATION AGREEMENT COUNSELOR EDUCATION & FAMILY STUDIES

STUDENT ADDENDUM

THIS ADDENDUM ("Addendum") is made this ____ day of _____, 20____, between the undersigned Student and _____ ("Affiliate");

RECITALS:

WHEREAS, Student desires to participate in a Clinical/Occupational Experience as a part of a degree Program at Liberty University; and

WHEREAS, the Facility selected by the Student to administer the Clinical/Occupational Experience is owned, run or controlled by Affiliate, which will enter or has entered into a master Clinical Programs Affiliation Agreement, (the "Agreement") with Liberty to allow Students of Liberty to participate in such Clinical/Occupational Experience; and

WHEREAS, pursuant to the Agreement, and in order for Liberty and Affiliate to provide the Clinical/Occupational Experience, Student is required to make certain representations and covenants with Affiliate.

NOW, THEREFORE, for and in consideration of the foregoing, the undersigned Student agrees as follows:

1) All capitalized terms herein will have the same meaning as in the referenced Agreement and this Addendum is subject to the provisions of the Agreement as if incorporated herein.

2) Student agrees to abide by all of the terms and conditions of the foregoing Agreement related to Student and to cooperate fully in the administration of the Agreement by Liberty and Affiliate.

3) Student agrees to abide by all of the rules, regulations, policies and procedures of Affiliate and of the Facility and to abide by all local, state and federal laws pertaining to confidentiality and patient rights and to the American Counseling Association Code of Ethics.

4) Student agrees to allow Affiliate or Liberty, at Student's expense, to obtain a criminal background check, credit history, Social Security Number verification and Positive Identification National Locator/OIG check. This Agreement constitutes a release and authorization of Student for these purposes. Student agrees to provide his/her Social Security number to Affiliate or Liberty.

5) Student agrees to provide evidence to Affiliate of coverage of Student by professional liability insurance with a minimum of i) combined single limit of One Million Dollars (\$1,000,000.00) and an annual aggregate liability limit of Three Million Dollars (\$3,000,000.00), or ii) coverage sufficient to meet the requirements of Affiliate.

6) Student agrees to provide Affiliate with evidence that Student meets all health requirements of Affiliate and has all inoculations that may be required by Affiliate or by the Facility. It is Student's obligation to inquire as to these requirements.

7) Student agrees to engage a Supervisor to facilitate the Student's Clinical/Occupational Experience and to cooperate with Affiliate in fulfilling its obligations under the Agreement and to cooperate with the Supervisor, staff Faculty and administration of Affiliate in fulfilling Student's obligations for the Clinical/Occupational Experience.

8) Student agrees to maintain good standing with the academic and other requirements of Liberty in order to continue participation in the Clinical/Occupational Experience.

9) Student agrees to maintain the confidentiality required in paragraphs 11.0 through 11.4 of the Agreement. Student further agrees to execute and provide to Affiliate the "Student Counselor Agreement and Acknowledgement Form" attached thereto as Schedule B.

10) Student agrees and understands that this Addendum does not obligate Affiliate to provide any services or accommodations to Student outside of Affiliate's obligations to Liberty under the Agreement; and Liberty is deemed to be the sole beneficiary of Affiliate's obligations under the Agreement and this Addendum to the exclusion of Student. Student understands that but for the representations, obligations and warranties of the Student in this Addendum, Affiliate would not allow student to participate in the Clinical/Occupational Experience under the Agreement. Student agrees that Affiliate may provide any and all information regarding Student and Student's participation in the Clinical/Occupational Experience to Liberty and to Student's Supervisor as each may request.

11) Any failure of Student to fully comply with the terms hereof shall be cause for immediate termination of the Student from further participation in the Clinical/Occupational Experience.

12) This agreement imposes obligations upon Student that are in addition to, and not in lieu of, Student's other obligations to Liberty.

IN WITNESS WHEREOF, Student has executed this Addendum.

Student Signature _____

Date _____

Printed Name _____

SCHEDULE B

Student Counselor Agreement and Acknowledgement Form

I, _____, am a graduate student in the master's degree in _____ program at Liberty University. To complete my degree program, I will be required to provide counseling to actual clients as part of the practicum, internship, or externship course requirement of that program. Accordingly, I agree to fully comply with all policies, rules, regulations and requirements of the healthcare facility/provider at which I perform these activities including, but not limited to, all applicable state and federal laws and regulations, as well as all applicable ethical codes, that govern confidentiality between counselors and clients, including the Health Insurance Portability and Accountability Act (HIPAA). As such, I agree to use and disclose my clients' protected health information only as they authorized by a valid written and signed HIPAA Privacy Authorization and Release Form (see course syllabus for a copy of that form), or as permitted or required by the healthcare facility/provider at which I perform these activities or by law. If I am authorized by the healthcare facility/provider at which I perform these activities to video record counseling sessions, I further agree to delete video recordings of counseling sessions from my device once those video recordings have been uploaded to Kaltura and/or WebEx Teams, and to delete all video recordings and other documents (e.g., written transcripts) from any and all platforms and other locations once they are no longer needed for my course. If I am unsure whether I can delete a video recording or other document, I agree to ask my course instructor before deletion. I acknowledge that my failure to comply with all policies, rules, regulations and requirements of the healthcare facility/provider at which I perform these activities including, but not limited to, all applicable laws, regulations, and ethical codes, as well as directions from my course instructor, may violate Liberty University policy and that I may be subject to sanctions up to and including failure of the practicum, internship, or externship course and dismissal from the program.

Student Signature

Date: _____